

# Long waits as gridlock grips Alabama mental health system



North Alabama Regional Hospital closed in June 2015, leaving only three state-run psychiatric hospitals in Alabama, all in Tuscaloosa. (Sarah Cole/scole@al.com) (Sarah Cole)



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on August 17, 2016 at 7:00 AM, updated August 17, 2016 at 7:06 AM

**Editor's note: This is the latest in an ongoing [AL.com](#) investigation into the mental health crisis in Alabama.**

A year after Alabama officials closed the last psychiatric hospital outside Tuscaloosa, the state's mentally ill patients face daunting barriers to care – including long waits and limited beds for dangerously ill citizens.

The wait list for Bryce Hospital, one of three facilities still operated by the state, peaked at almost 60 patients one day earlier this year, up from an average of less than 10 in 2012, according to the Alabama Department of Mental Health.

The chart below shows the average number of people on the waiting list in each quarter.

Things are even worse at the state hospital for criminals deemed not guilty by reason of insanity, Taylor Hardin Secure Medical Facility, which is so full that it overflows into Bryce. At

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the end of June, 46 people were on the waiting list to get into that facility, many of them for months. Most of those patients wait in local jails, even though they are not guilty according to criminal courts. That backlog for criminal patients could lead to a lawsuit, said Jim Perdue, commissioner of the Alabama Department of Mental Health.

"If you want to put a gun in the hands of the federal government and put a bullet in it, we're doing it," Perdue said.

The gridlock at those two hospitals trickles down to communities, where more patients are waiting longer for state beds in local hospitals. When those beds are full, those hospitals can't take new patients in need of psychiatric evaluation.

At a Birmingham hospital, for instance, one patient has waited more than 160 days for a state treatment bed, ringing up a bill close to a million dollars, according to the director of the behavioral health unit.

The situation is particularly serious in Jefferson County, where up to 40 people wait for days or even weeks to be picked up by deputies and taken to a local hospital bed.

"There's a stack of petitions and that's just people in the community and it's that big," said Jefferson County Probate Judge Sherri Friday.

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Due to fewer beds, the number of people treated in state psychiatric hospitals has dropped sharply since 2001, according to the chart below.

The current crisis has been brewing for years, experts say, fueled by budget cuts and political neglect. Mental health care in Alabama has long been underfunded, which led to a pivotal court decision in 1971 that shapes the system to this day.

**"If you want to put a gun in the hands of the federal government and put a bullet in it, we're doing it."**

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Ricky Wyatt of Tuscaloosa was a teenager when he was admitted to Bryce, which warehoused more than 5,000 patients in deplorable conditions. Soon after Wyatt went into the hospital, politicians cut cigarette taxes and fired 100 employees, including many psychiatrists, psychologists and social workers.

Wyatt's lawyers argued that patients who had been committed to the hospital against their will had a right to treatment that wasn't being provided. A federal judge hearing the case agreed and created a set of standards for mental health

treatment.

It took Alabama more than 30 years to meet the standards set by the judge, and the state closed several hospitals rather than spend the money to improve conditions. Alabama also began to transition to a system of community-based care which relied less on big psychiatric hospitals.

"There was a time when people went to Bryce Hospital and never went home," Perdue said. "So we're certainly better than we were 50 years ago," Perdue said.

Although most advocates support the transition to community-based care, some worry the change has driven more patients into jails and prisons. Since 2010, the mental health caseload in Alabama prisons has grown as the overall prison population declined, as the chart below shows.

In 2003, the state finally resolved the Wyatt case, but several years later, the economic collapse hit the state right in the budget. The loss of federal stimulus money in 2012 reduced the state portion of mental health care funding by \$36 million, which forced the closure of psychiatric hospitals in Mobile and Montgomery. In 2014, Bryce Hospital moved to a new facility with just 268 beds – down from 500. Last summer, the department closed North Alabama Regional Hospital in Decatur.

To offset the closures, the state increased the funding for treatment in the community. In north Alabama, community mental health agencies replaced the 74 beds at North Alabama Regional Hospital with four 16-bed crisis stabilization units. In the Birmingham area, Jefferson-Blount-St. Clair Mental Health rents beds at Hillcrest and Brookwood Hospitals.

"We didn't close the hospitals without a plan," Perdue said.

But the plan has some gaps, according to those who work in mental health care. Brian Davis, the CEO of Wellstone Behavioral Health in Huntsville, said the psychiatric hospital had the flexibility to increase capacity.

"Beneath the surface, North Alabama Regional, they would exceed 74 many, many times," Davis said. "They would be up in the eighties, nineties, even one hundred."

The crisis stabilization units are much nicer than the old hospital, with private rooms and homey touches, but they cannot hold more than 16 patients at a time. And although they are supposed to treat patients in the community, mental health agencies in the area frequently send patients to available beds away from home.

"There's not enough capacity," said Chris Van Dyke, executive director of Mental Healthcare of Cullman. "Bryce is now smaller than it should be. Better funding for the whole system is part of the solution."

Richard Craig, executive director of Jefferson-Blount-St. Clair Mental Health, expects to exceed his budget for bed rentals at Brookwood and Hillcrest this year. During the worst of the gridlock, his agency transferred patients out of Bryce and into Hillcrest to free up beds, but some of them had to be sent back to the state hospital.

"We're less expensive as a care system than a state hospital," Craig said. "But we don't have enough beds, and that's just the facts. We've got the same money next year and we have for today. So we're stuck."

For every hospital bed closed by the state, officials transferred \$60,000 of the \$150,000 savings to the community mental health care system. The amount of funding for community-based services has increased, but not as quickly as the decrease in funding for psychiatric hospitals. Below, the chart shows that overall funding for mental health in Alabama fell by tens of millions of dollars between 2009 and 2014.

Few people yearn for the return of psychiatric hospitals. Still, Perdue said his department is adding 14 beds at Taylor Hardin to reduce the backlog among criminal patients.

He has several other proposals to increase funding at the department without increasing taxes. Perdue said the permanent fix may include more long-term housing in the community, peer support and preventive care for people in crisis, before they need a

hospital bed.

"What would we do with more money in mental illness?" Perdue said. "We would treat people before they needed a bed. We would increase our support after they have been committed, and again that would probably be through the community mental health centers. Do we need funds for that? Yes. Is it for institutional care? Not necessarily."

Staff writer Challen Stephens contributed to this report.



## Alabama sheriffs say state facing mental health crisis

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